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ABSTRACT

This paper describes a multifaceted, cognitive-behavioral life-skills training program that is directed toward low-income urban Appalachian youth in Cincinnati (Ohio) who are at high risk for substance abuse and related negative behaviors. The program is intended to promote the development of effective prosocial coping skills and strategies and to increase feelings of attachment in participants toward their communities. The Appalachian Life Skills Program incorporates many strategies found to be effective in previous research. It endeavors to combine significant elements of peer programs and alternative-education programs to enhance behavioral outcomes as well as social-skills development. Interpersonal problem solving and social-skills training are combined with outdoor challenges of the Outward Bound type for training in experiential coping. Early and informal evaluations have demonstrated that the program is well-received and is associated with positive attitudes among participants. A case illustration shows the program in action for one 13-year-old boy. (Contains 23 references.) (SLD)

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Promoting Social Competence Among Low-Income Urban Appalachian Adolescents

Alcohol and drug abuse have become major problems permeating all aspects and levels of our society. Their costs to the community have been in both actual dollars and in the related suffering associated with motor vehicle accidents, physical illnesses, family dysfunction, lost productivity, assaults and other criminal acts. The federal Alcohol, Drug Abuse, and Mental Health Administration (Office of Substance Abuse Prevention, 1989) reports that alcohol and other drugs are associated with 20-35% of all suicides, 62% of assaults, 52% of rapes, 38% of child abuse cases, 50% of spousal abuse, 50% of traffic fatalities, 49% of murders, 68% of manslaughter charges, and 69% of drownings. The estimated total dollar cost in the United States for alcohol and drug abuse is approximately $177 billion dollars, with $117 billion related to alcohol abuse, and $60 billion to other drugs. These costs are a result of direct treatment and support services, deaths, reduced productivity and lost employment, and associated costs from crime, accidents, and social welfare.

A variety of strategies for preventing alcohol and drug abuse have been employed in recent years, but many have had little impact. Strategies for prevention have generally focused on two major approaches, supply reduction and demand reduction (Hawkins & Catalano, 1992). Supply reduction refers to efforts

to control the supply of alcohol or drugs as they pass into society. Prevalent methods of supply reduction include passage of more stringent drug laws, seizure of drugs and drug-related assets, and increased law enforcement efforts. Supply reduction has also focused on reducing the availability of alcohol by higher taxation, limiting marketing outlets, and increasing the minimum legal drinking age.

Demand reduction is reflected in attempts to decrease substance abuse by lowering the demand for drugs. One strategy is the direct treatment of abusers, which is usually focused on those who have acquired the most serious difficulties. Although treatment may initially have a significant impact on consumption, many abusers fail to remain drug and alcohol free over the long term. Approximately two-thirds of those who stop their substance abuse have a relapse within a year (Catalano, Chappell, Hawkins, Irvine, & Resnik, 1991).

Despite the significant limitations associated with direct treatment approaches for drug and alcohol abuse, such services will always be necessary. However, it is becoming increasingly clear that if we are to successfully address the substance abuse problem, it is also essential to pursue effective methods for preventing abuse and for promoting healthful, prosocial behaviors. Research has shown that there are a number of risk factors that increase the chances that an individual will become an abuser, and identification of them is essential in developing an effective prevention program. In addition, there are

indications that certain other factors may act in a protective manner to shield children and adolescents from becoming abusers (Hawkins & Catalano, 1992).

Research on risk factors related to substance abuse has found that risk is a complex matter, but that there are a number of individual and environmental factors associated with this behavior. Among the individual behaviors are a family history of substance abuse, family dysfunction, academic failure, feelings of isolation and alienation, lowered self-esteem, and the perception of limited self-efficacy and lack of control over one's life (Botvin & Tortu, 1988). Economic deprivation, low neighborhood attachment, high community transition, and drug and alcohol availability have been identified as among the environmental risk factors associated with substance abuse (Pentz et al., 1989). Many of these risk factors are descriptive of the Cincinnati urban Appalachian population and community, and are important to consider in developing an effective prevention program.

This paper describes a multifaceted, cognitive-behavioral, life skills training program that is directed toward low income urban Appalachian youth who are at high risk for substance abuse and related negative behaviors. The program is intended to promote the development of effective prosocial coping skills and strategies, and to increase the attachment of participants to their community, to ameliorate and mediate several of major problems this population faces. The discussion begins with

examination of the characteristics of effective substance abuse prevention programs, which form the basis or rationale for the intervention that was developed. Next, specific components of the prevention program are described, and finally, available evaluative data are presented.

Characteristics of Effective Prevention Programs

One of the most common approaches directed toward preventing substance abuse in the last 20 years has been educative. Many of these programs were "fear arousing" approaches that assumed young people would recognize the health endangering consequences of alcohol and drug consumption, after they experienced these educational interventions. However, the research has shown that education and informational programs alone have little impact on drug use (Bell & Battjes, 1985). Indeed, there is some evidence suggesting that these types of approaches may actually increase experimental drug usage (Jones & Battjes, 1985).

Tobler's (1986) meta-analysis of 143 drug prevention programs concluded that prevention modalities utilizing "knowledge only" and "affective only" programming are generally ineffective. Knowledge only refers to programs based on educational and informational methods, while affective only describes programs utilizing self-esteem enhancement, values clarification, and related experiential methods. Programs employing "peer programs" and "alternatives" were found to be superior to the knowledge and affective programs. By alternatives, Tobler was referring to programs that enhance

individuals' sense of control over their environment, such as Outward Bound activities and other physical adventure challenges. "Peer programs," according to Tobler, include those teaching refusal, social, and life skills (Botvin, 1983; Pentz, 1983). Although these programs often contain self-esteem building and values clarification components like the affective only approaches, they also are directed toward building better interpersonal skills (e.g., refusal, communication, assertiveness) and, most importantly, they utilize active learning techniques such as modeling, dialoguing, role playing, behavioral rehearsal, and performance feedback, which have been found to be effective components in a variety of effective prevention programs (Consortium on the School-Base Promotion of Social Competence, in press).

Tobler's (1986) analysis also suggests that peer programs have resulted in positive changes regarding drug knowledge, attitudes toward drugs, reported drug use, and interpersonal skills. However, no gains in behavioral measures (e.g., assessed through school grades, attendance, naturalistic observations) have been found in these programs. On the other hand, alternative programs showed improvements in behavioral outcome measures and skills. Thus, it appears that a combination of approaches is most likely to be successful in addressing the complex array of factors associated with substance abuse and other negative behaviors.

A number of prevention strategies which include social and

interpersonal skills development are based on social learning theory (Bandura, 1977). From this perspective, those who are maladjusted are viewed as lacking the skills necessary for establishing effective and satisfying interpersonal relationships. Social learning theory considers psychological dysfunction, not as an intrapsychic conflict, but as a skill deficit in interpersonal functioning.

Building on Bandura's work, Hawkins and Weiss (1985) conceptualized what they called a social development model for reducing delinquency and other anti-social behavior. They view social alienation and detachment as risk factors linked to school failure and social dysfunction, and consider attachment to family, school, and community as protective factors which prevent many maladaptive behaviors. Objectives of a social development approach include creating opportunities for youth to be involved in meaningful, prosocial activities, enhancing the interpersonal skills needed for such endeavors, and reinforcing successful involvement.

A related perspective was proposed by Rhodes and Jason (1988). He developed the following equation to predict the likelihood of engaging in drug abuse:

$$= \frac{\text{stress}}{\text{attachments} + \text{coping skills} + \text{resources}}$$

From their perspective, young people may turn to delinquent behaviors as a way to escape family, environmental, or school factors that are characterized by chronic conflict. Thus, these

individuals may engage in maladaptive behaviors to reduce the stress arising from poor relations with parents or teachers, deficient coping skills, or inadequate resources in the community. Attachments to family, school, and community, a repertoire of personal coping skills, and adequate community resources may serve to buffer the impact of stressful events.

Most research on substance abuse has focused on middle income populations. Tobler's (1986) meta-analysis, for instance, indicated that only 10.9% of the target populations were from poverty settings. Consequently, Botvin and Wills (1985) and others have identified low socio-economic populations who are at high risk for substance abuse as a group toward which future prevention programs and research should be directed. Of particular interest is the fact that low-income, urban Appalachian youth populations have been largely ignored, perhaps because they are an "invisible minority," although they are at high risk for development of a variety of maladaptive behaviors such as substance abuse, unemployment, and school dropout.

Researchers such as Goldstein (1973) have indicated that interventions in low-income communities should utilize techniques that focus on concrete activities, rather than abstraction, and that can be characterized as having structure, organization, and demonstrable explanations. Such an approach is responsive, not only to the cognitive and emotional life styles of lower SES populations, but also to a the environmental realities of poverty. Further, he suggested that these interventions should

be present-oriented and focus on the here-and-now experience of the adolescent.

Adkins (1970) alleges that one of the primary reasons for the lack of success of intervention programs for individuals from poverty backgrounds lies in the reliance on using nonstructured discussion methods as the primary modality of instruction. In working with the disadvantaged, Adkins recommends that programs should (a) be problem-centered and related to living in an urban setting, (b) build upon the knowledge and skills participants already possess, and (c) take advantage of group peer relations. Life problems that are addressed in the program must emerge from the direct experience of the target population, as they most effectively obtain knowledge inductively from experience. In developing an intervention program directed toward urban Appalachian youth to prevent substance abuse, it appears important to consider the suggestions of Goldstein and Adkins regarding the need to ensure that the intervention is life-centered, focuses on the here-and-now, and includes concrete and structured activities.

The Appalachian Life Skills Program

The Appalachian Life Skills Program endeavors to combine significant elements of the peer programs and the alternatives programs discussed above to enhance actual behavioral outcomes as well as social skill development. Interpersonal problem solving and social skills training are combined with "outdoor challenges" (Outward Bound type activities). We have been involved in

developing and modifying the Program for nearly two years, and the following is a summary of its major components. Target Population

The Program focuses on high risk, low income adolescents from several predominately Appalachian communities in Cincinnati. High risk is defined as including adolescents characterized by one or more of the following: (a) a school dropout, (b) repeated or in danger of imminent school failure, (c) present or past pregnancy, (d) economically disadvantaged, (e) family history of drug and/or alcohol abuse, (f) commission of a criminal act(s), (g) a victim of physical, sexual, or psychological abuse, (h) serious family dysfunction, or (i) experiencing an emotional or behavioral disorder. This group tends to assume lower occupational status positions, is resistant to upward mobility even in the second and third generation (Philliber, 1981), and as noted earlier, these factors often are associated with substance abuse.

The Program is provided in small group settings in both public schools and in community agencies. Optimally, there are six members of each group, although the actual size may range from five to seven. Fewer than five places too much pressure on individual members to participate, while more than seven does not provide sufficient opportunity to participate. Program participation is voluntary, although parental permission is obtained for minors. Both males and females attend the program.

Our original plan was to hold all sessions in public

schools, as we believed this would provide a "captive," easily accessible audience. However, participants are frequently absent from school, and many have been suspended or expelled. In addition, difficulties have been encountered related to scheduling the Program during school hours. Consequently, some of our groups have met in the schools, and others are scheduled after school hours in community agencies.

Training Components

The Program consists of approximately 25 sessions of one to one and a half hours each, with groups usually meeting two times per week. The specific topics are determined to some extent by each particular group's needs, although all groups include certain components. The majority of the contents are based upon the Skillstreaming program developed by Goldstein, Sprafkin, Gershaw, and Klein (1980), but components such as social skills, self-esteem, and resisting media influences (Botvin, 1983), community involvement and attachment (Hawkins & Catalano, 1992), assertiveness (Alberti & Emmons, 1988), and drug knowledge (Rhodes & Jason, 1989) are also included.

The Program usually includes 10-12 modules from Skillstreaming curriculum that have been adapted for use with this population to make them most relevant. Groups usually begin with a focus on social skills (e.g., they meet and then introduce one another), but the remaining sessions are determined by participants' specific needs (the Skillstreaming program has a checklist of relevant skills that is a useful guide). Thus, the

skills taught emerge in each group and the Program is responsive to group needs.

More specifically, the Program is composed of four fundamental elements: (a) problem-solving skill training (Goldstein, 1988; D'Zurilla & Goldfried, 1971); (b) interpersonal skill training (Goldstein et. al., 1980); (c) an experiential coping event; and (d) a "bonding to community" activity (Hawkins & Catalano, 1992). The problem-solving and interpersonal skill training includes the following.

Problem-solving skill training. Within the context of a group problem solving experience, the following steps are taught.

a. Identify problem areas for each person, use problem behavior checklist, narrow to one or several manageable problems
b. Form a tentative goal for problem
c. Develop solution alternatives - brainstorm
d. Evaluate alternatives - pro and con, look at possible consequences
e. Make a decision - choose most effective option
f. Verify choice - is it appropriate, realistic; will it help you reach your goal
g. Prepare to carry out plan - break it down into small steps, develop appropriate skills, rehearse
h. Implement - carry out your plan, homework
j. Re-evaluate - did it turn out as expected, what are

the problems; return to previous steps if appropriate

Interpersonal skills training. The following comprise the interpersonal skills component.

a. Communication skills -- listening, starting a conversation, giving a compliment, apologizing

b. Assertiveness training, alternatives to aggression -- sharing, helping others, standing up for yourself, refusal skills, anger control

c. Stress management -- making a complaint, responding to failure, group pressure

d. Moral reasoning, value clarification, drug education

Problem situations and vignettes used in the training are selected to meet the life situation of the individual participant, as well as this culture and target group. It has been critical to make the contents relevant to this population, as most programs described in the professional literature are not readily applicable to urban Appalachian youth. Problem areas identified in the problem-solving segment are later used in the interpersonal skill training component. Behavioral rehearsal, homework, role playing, role reversal, modeling, feedback, self-instructional, and stop-think techniques are the specific cognitive-behavioral methodologies employed to maintain and generalize the skills taught.

Experiential coping activity. An experiential coping event

is implemented for each group involved in the Appalachian Life Skills Program. The activities afford opportunities for each group member to develop coping skills in a naturalistic setting. Although these events have been outdoor adventures, the salient factor for behavioral change is a personal and group challenge that taxes the coping skills of the individual and the group. The intent is for each person to emerge from the event with a greater sense of self-efficacy and growth. Examples of coping events have been caving and backpacking in wilderness areas. An additional benefit of experiential coping activities is the increased pace of participant bonding to the group. It also permits the group leaders to observe members in vivo and to accelerate the group interaction process.

Community bonding. Bonding to community activities involve having participants involved in a group decision-making process through which they identify a community service project. Examples of projects that have been implemented are the reconditioning of a teen center and community beautification projects. This component has worked best when participants are paid for the efforts, such as through the Summer Youth Employment Program. In addition, attendance typically has been higher than during the school year.

Leaders. Each session is directed by two leaders who have backgrounds in psychology and counseling. We have found it desirable to have two leaders so that they can support one another, provide feedback regarding their individual efforts, and

model different approaches.

Program Evaluation

The research base upon which the Program is based is rather extensive (see references to individual components). Plans are underway to conduct a formal program evaluation in the next year, but several efforts (largely anecdotal and qualitative) already have been undertaken to evaluate a number of Program components to determine its efficacy. Overall, consumer (parent and youth) satisfaction with the Program has been favorable. Participants report positive personal benefits from the groups and describe many applications of the skills in their daily lives (e.g., use of assertiveness skills to negotiate disciplinary actions with their parents, reductions in fighting with peers through nonviolent means, employing role playing and behavioral rehearsal to obtain employment). At the same time, however, it is clear that there are numerous instances in which they repeat problematic behaviors. Parental feedback has also been supportive, and they have increased their contacts with agency staff, suggesting that important relationships have been established.

The leaders have observed many positive interactions and applications of relevant skills within the group setting as well as during the experiential activities and community projects. Further, staff from other agencies have also reported positive feedback and are supportive of program. Participants' attendance has been relatively good, especially in the out of school

settings. In fact, group attendance often surpasses school attendance. However, attrition has been an ongoing problem particularly in the school settings, although less so during the summer when participants are paid for their work activities.

Case Illustration

The following is an actual illustration of the first four steps of the problem-solving component. It involves a 13 year-old boy ("Jerry") who was regularly physically assaulted by his middle school peers. In the "Identifying the Problem" step, participants' comments are depicted on newsprint and hung on the walls during the group session. During this stage of problem-solving, we concentrate on <u>specific</u> details of the actual events, and ask who, what, with whom, when, what happened, how often does it happen, what is the intensity of the event, what are the antecedents leading up to the event, and what are the consequences?

1. <u>Identifying the Problem</u>

-- Jerry, 2 days ago, coming from 7th bell music, got hit in the gym locker room; no teacher present
-- Jerry was with friend Mike when incident occurred
-- Mike was hit, but did not get seriously beat up
-- Kevin and Shawn (both African American) beat Jerry (white) up
-- Shawn threw a garbage can over the top of the lockers and hit Jerry in head, lacerating his skull
-- Shawn was expelled

-- Jerry was also picked upon two weeks ago during 5th bell lunch; this incident involved a different set of bullies, possibly friends of Kevin and Shawn

-- Germaine and Little Richie didn't like Jerry when he was at previous school; Germaine and Little Richie may be friends of Shawn and Kevin

-- "Jerry KKK" and "Mike KKK" were written on lockers by someone else; it might be related to this incident as a mistake in identification

-- Jerry and friend Jim are often bullied when they transfer from their bus to school in morning; assailants are African American but unknown to Jerry and Jim

2. Setting a Goal

-- Don't get beat up

3. Brainstorming Alternatives

-- Find out who's beating Jerry up

-- Tell principal

-- Write to principal

-- Tell teacher, talk to teacher

-- Fight back

-- Erase KKK from walls

-- Tell counselor

-- Quit school, go to another

-- Leave school

-- Switch classes and don't go to gym

-- Skip 8th bell

-- After school, go out principal's door

-- Catch bus at school instead of going over to 8th St.

-- Walk with group of friends

-- Change routes where you walk

-- Team up with African American friends

-- Just ignore it; take your beating

4. Pros and Cons

Alternative -- Tell principal

Pro	Con
Bullies might be suspended	Principal needs witnesses to do something
Won't get into fight	Won't stop getting beaten up

Alternative -- Fight back

Pro	Con
Won't get beaten up if they are not too big	Get suspended
Am taking care of myself	Go court or jail
Won't feel helpless	Maybe fail school
People won't think you are chicken	Might hurt them
	Will feel guilty
	Not always right way to solve problem
	Can lead to more violence
	Might not stop fighting

Interpersonal skill training appropriate to Jerry's problem could then be enacted in subsequent sessions. "Dealing with

fear," "Using self-control," "Avoiding trouble with others," and "Making a complaint" could serve as target skill areas that would be helpful to Jerry in developing prosocial alternatives to violence.

Conclusions and Future Directions

As currently developed, the Appalachian Life Skills Program is directed toward drug and alcohol abuse prevention, but it is not limited to these areas. The prosocial skills taught can be applied to address other adolescent problems such as teen pregnancy, violence prevention, juvenile delinquency, gang membership, and so forth. It also may be helpful in dealing with issues such as developing employment related skills, which is especially important for this population.

In the future it seems desirable to increase the amount of parental/family involvement to encourage interactions among and between families and to increase family support in the community. In addition, more coordination of the Program with school personnel may be beneficial and lead to more generalization of the skills taught. In addition, it made decrease some of the problems with attrition. Because this is a high risk population, they often experience suspensions and expulsions, and more collaboration with school personnel may useful in addressing this issue.

At this time the Appalachian Life Skills Program appears to be a promising approach to addressing the needs of low income urban Appalachian youth who are at risk for engaging in a variety

of problem behaviors. We hope that in the future the Program contents can be further refined and the outcomes evaluated more extensively so that many negative behaviors such as substance abuse in this population can be decreased or prevented. We believe that it is important to share this information at this time due to the continuing concerns that our society has regarding substance abuse and related negative behaviors, and also because of the fact that while urban Appalachian youth are at high risk for engaging in these behaviors, they have been largely ignored in terms of preventive interventions.

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